

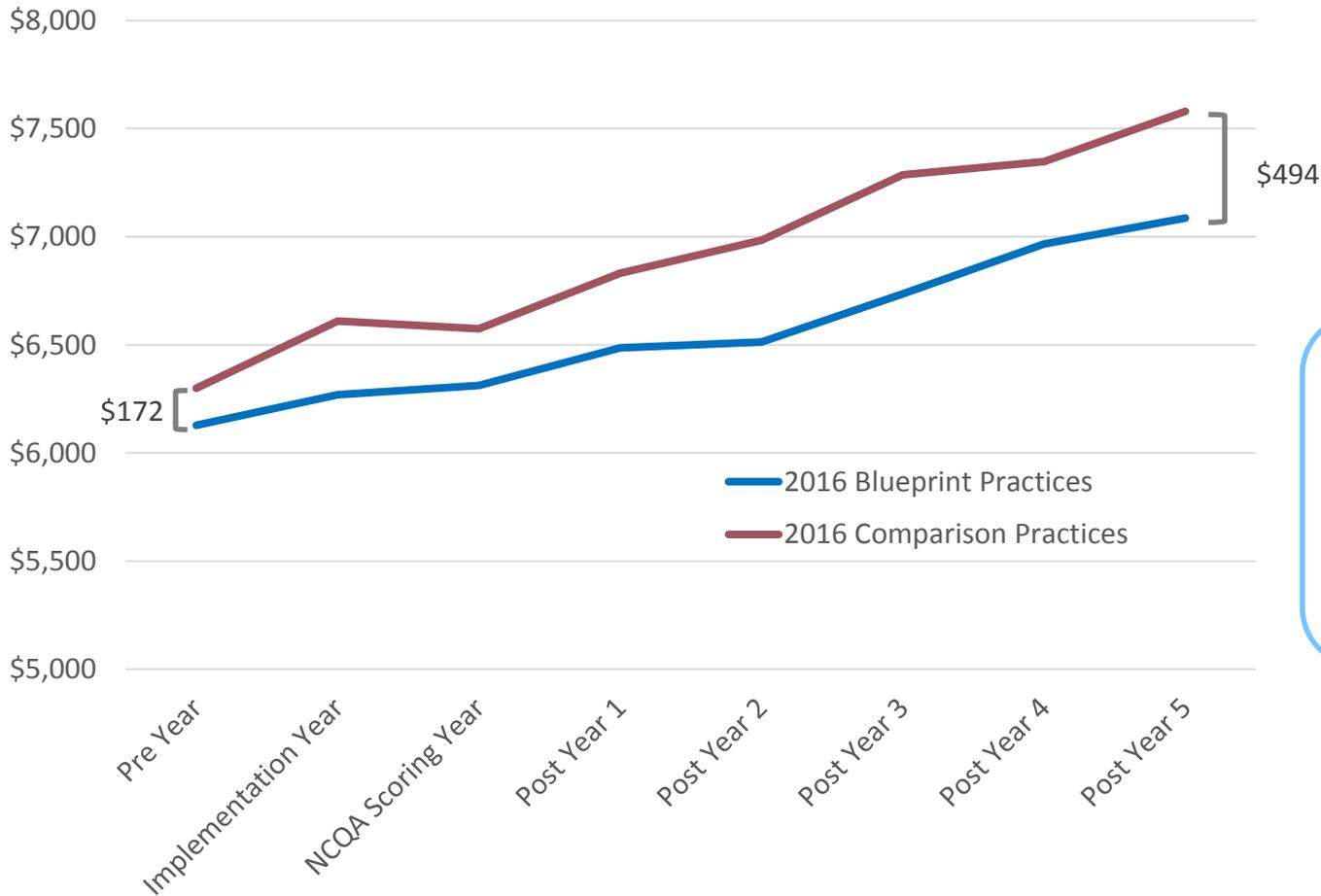
# Blueprint for Health Executive Committee Planning & Evaluation Committee

January 17, 2018

## Agenda January 17, 2017

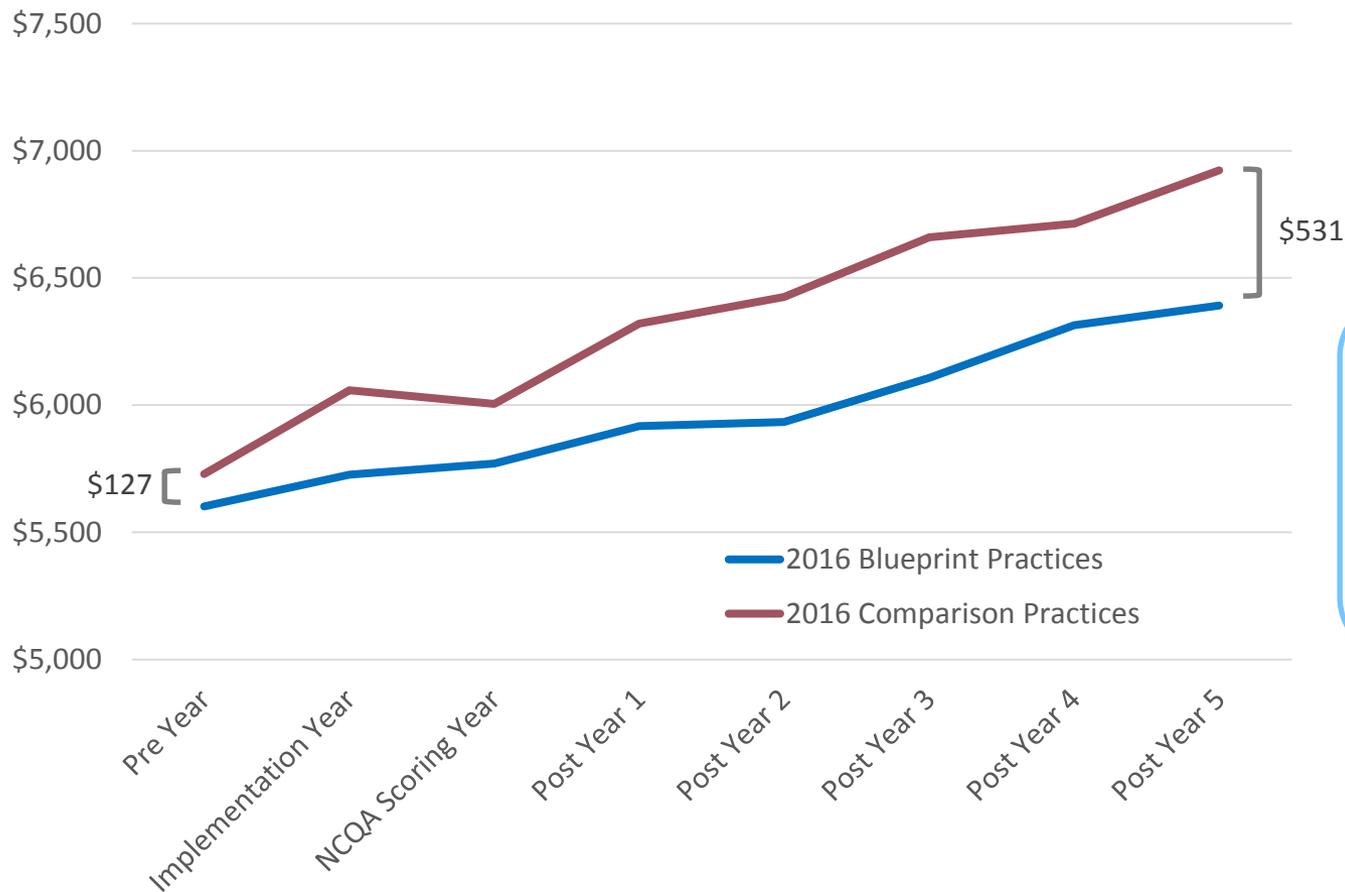
- Welcome
- Trend Analysis & Program Highlights from the 2017 Annual Report
- Aligning with the Vermont Chronic Care Initiative
- Review and Discussion of Community Health Team Core Skills

## Total Risk-adjusted Expenditures per Capita, 2008-2016, All Insurers, Ages 1 Year and Older



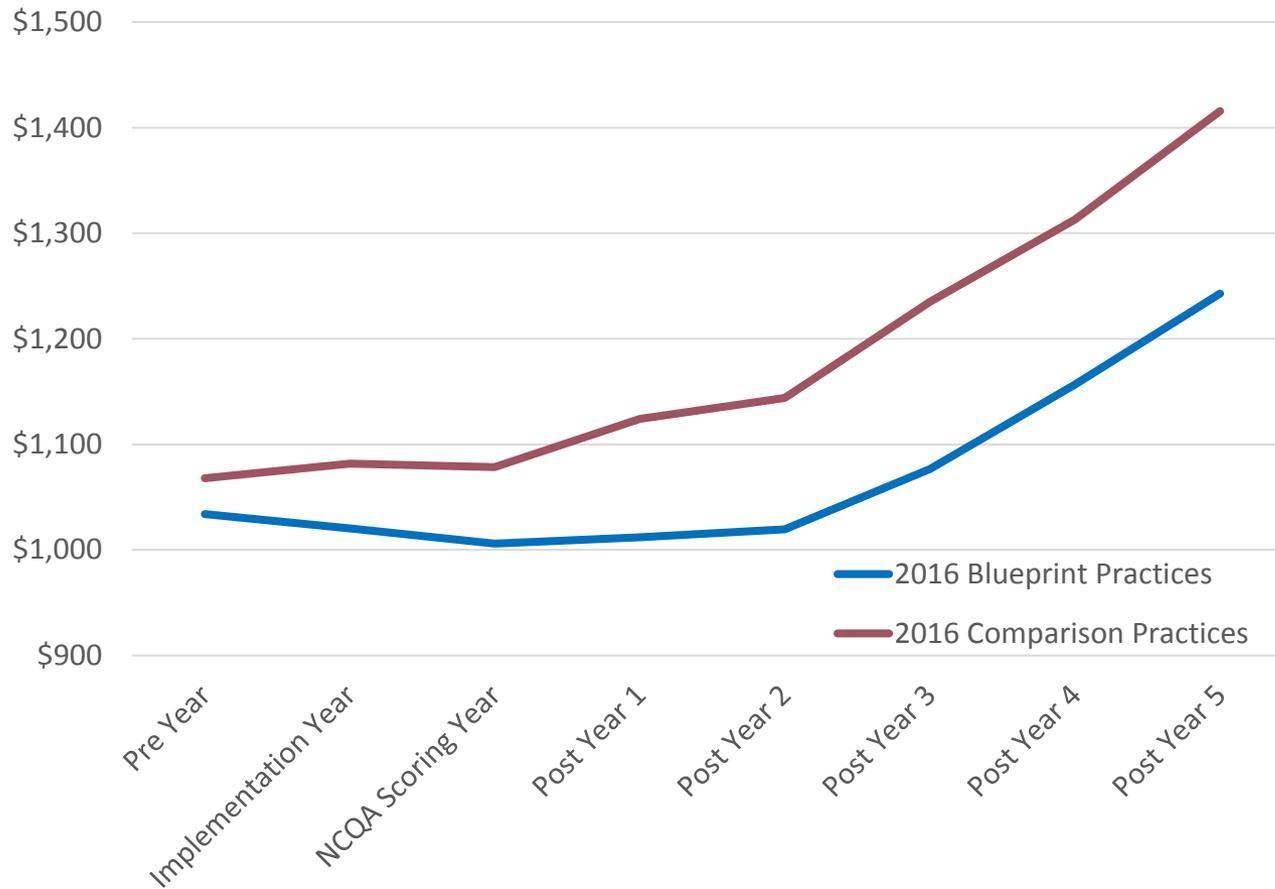
**\$322**  
 Difference-in  
 difference  
 in total risk adjusted  
 expenditures from  
 Pre Year to Post Year 5

## Total Expenditures per Capita Excluding SMS 2008-2016, All Insurers, Ages 1 Year and Older



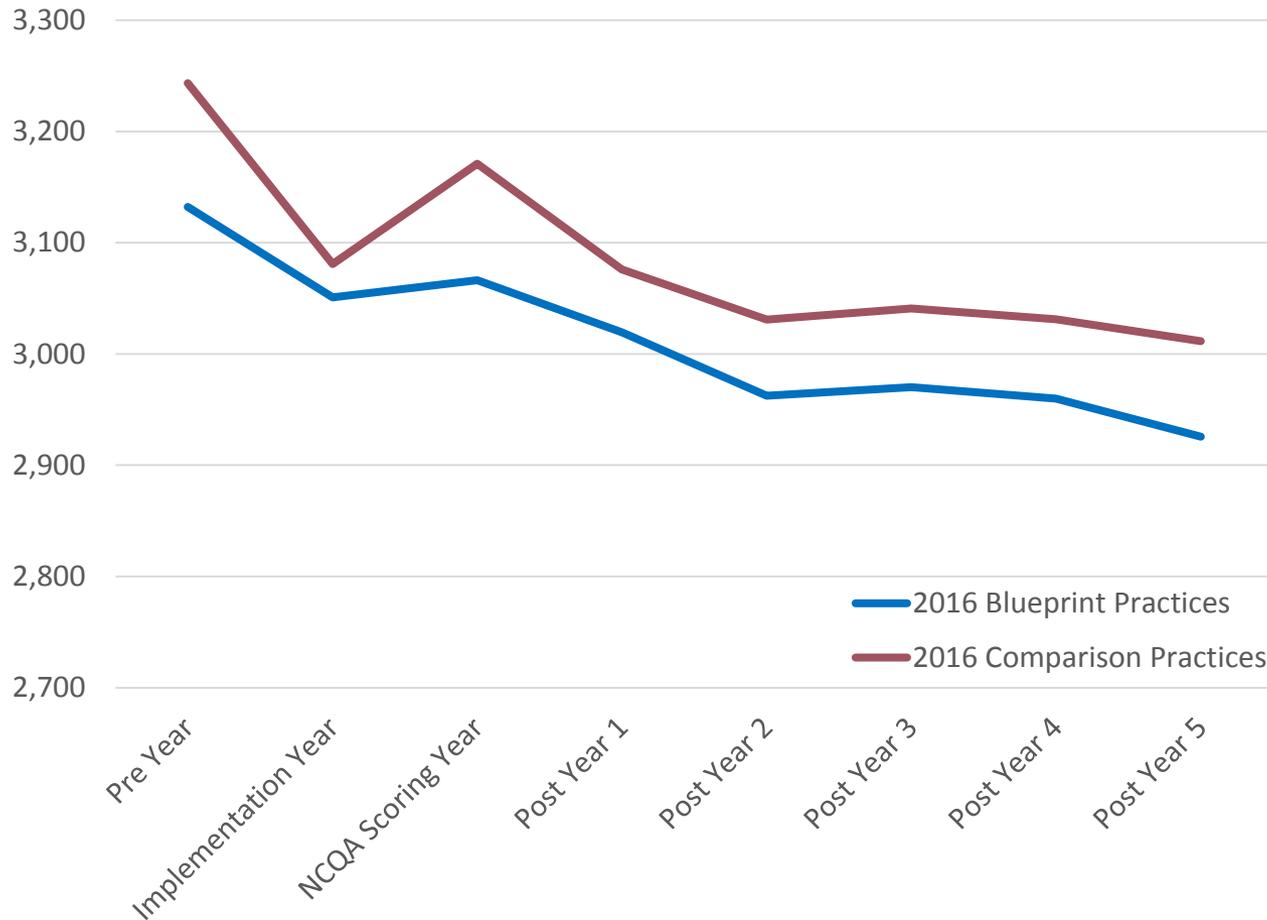
**\$404**  
 Difference-in-difference  
 in total risk adjusted  
 expenditures from  
 Pre Year to Post Year 5

## Total Pharmacy Expenditures per Capita 2008-2016, All Insurers, Ages 1 Year and Older



35% of the difference in total risk-adjusted expenditures can be explained by differences in pharmacy expenditures (based on point estimates in Post Year 5)

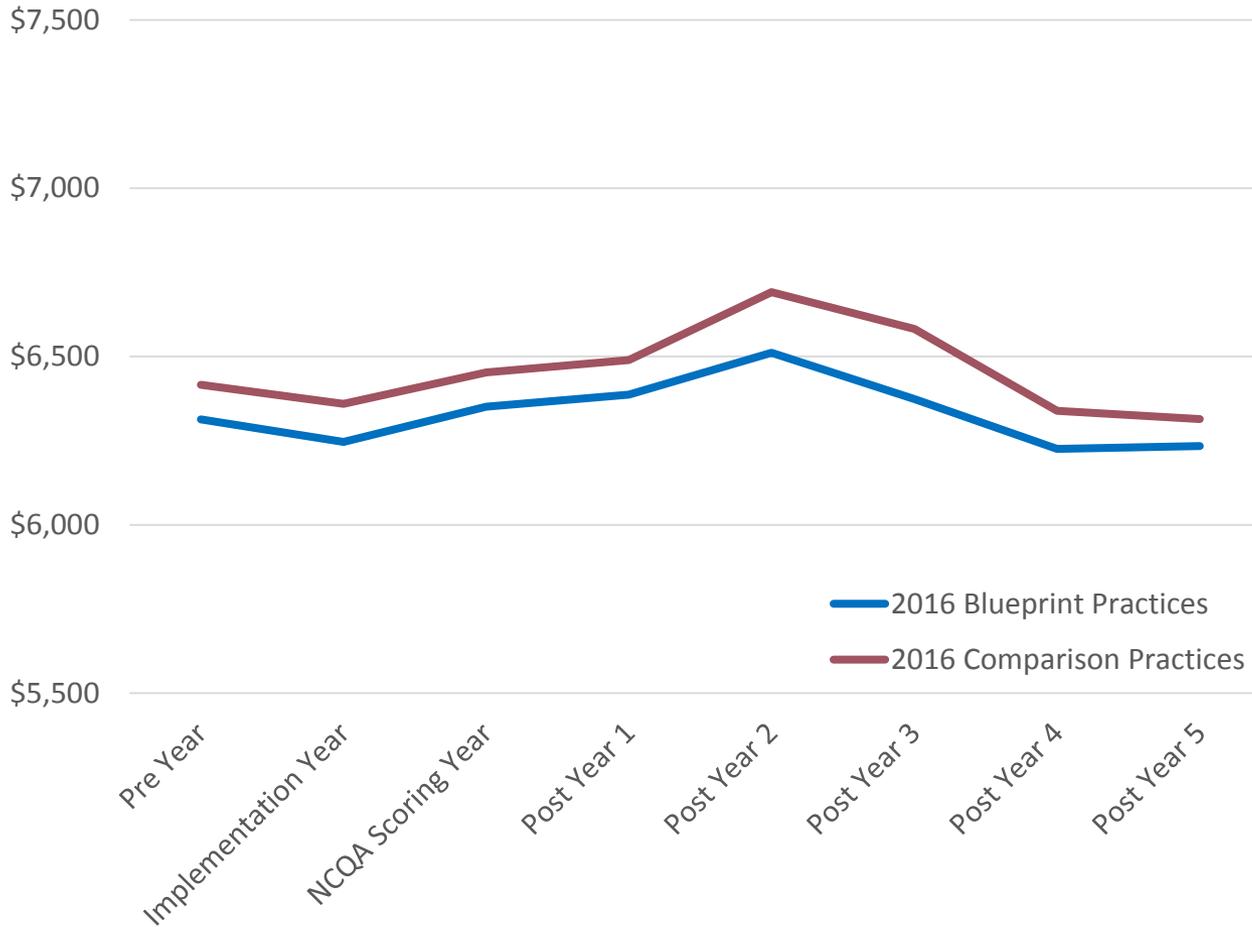
## Primary Care Visits per 1,000 Members 2008-2016, All Insurers, Ages 1 Year and Older



Fewer primary care visits for Blueprint-PCMH attributed patients, marginal evidence of slower decrease

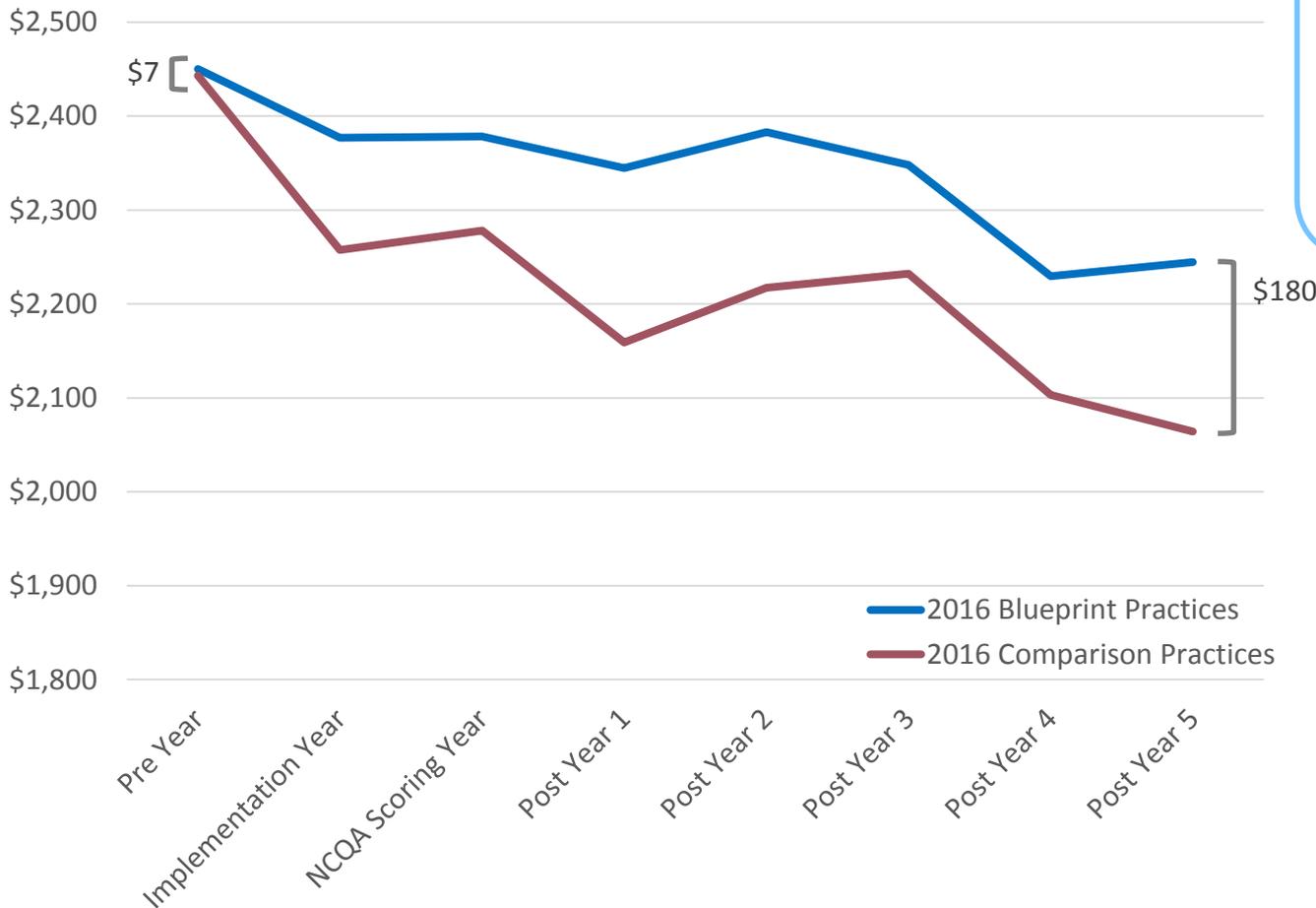
Need for improved access across primary care

## Total Expenditures per Capita 2008-2016, Medicaid, Ages 1-64



No statistically significant difference in total expenditures or rate of change

## Special Medicaid Services Expenditures per Capita 2008-2016, Medicaid, Ages 1-64



**\$173**  
 Difference-in-difference  
 in SMS expenditures  
 from  
 Pre Year to Post Year 5

Typical Blueprint  
 PCMH-attributed  
 Medicaid beneficiary  
 has \$2,244 SMS  
 expenditures, 36% of  
 expected total  
 expenditures

## Aligning with the Vermont Chronic Care Initiative

- Provides intensive care management services to Medicaid beneficiaries with highest costs
- Directly employed by state, deployed state-wide (27 FTE)
- ? Best alignment between VCCI and Blueprint Community Health Teams

# Review and Discussion of Community Health Team Core Skills

Common Clinical Pathways for Population Health Screening, Brief Treatment, and Coordinated Follow-Up

- SBIRT
- Zero Suicide,
- Trauma / Aces,
- Social Determinants of Health

Core Skills

- Motivational Interviewing
- Care Coordination
- Leading Care Conference